12/31/2008 14:07

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC) 222 South Prospect Ave ADDRESS (number and street) c/o Finance Department Check if different than previously Park Ridge 60068 4001 ΙĻ reported. (ACC) FEC IDENTIFICATION NUMBER STATE A CITY A ZIPCODE A IS THIS NEW **AMENDED** C00173153 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Oct 20 (M10) Jul 20 (M7) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Χ Special (30S) Post -Election General (30G) Report for the: Termination Report (TER) in the 12 06 2008 LA Election on State of 25 2008 12 26 2008 1 1 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. William Yeo Type or Print Name of Treasurer Electronically Filed by William Yeo 12 3 1 2008 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003)

Page 2

| Re | port Covering the Period: From: | 25 2008 | To: 12 26 2008 |
|-----|----------------------------------------------------------------------------|-------------------------|--------------------------------|
| | _ | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
| 6. | (a) Cash on Hand January 1 Ž008 Y Y | | 545773.37 |
| | (b) Cash on Hand at Begining of Reporting Period | 203568.56 | |
| | (c) Total Receipts (from Line 19) | 4331.40 | 652562.19 |
| | (d) Subtotal (add lines 6(b) and | | |
| | 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 207899.96 | 1198335.56 |
| 7. | Total Disbursements (from Line 31) | 27913.39 | 1018348.99 |
| | Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 179986.57 | 179986.57 |
| 9. | Debts and Obligations owed TO | | |
| | the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. | Debts and Obligations owed BY | | |
| | the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 |] |

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

м N 1 1 2^D5 м м 1 2 2008 2008 2 6 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 211411.50 2734.50 (i) Itemized (use Schedule A) 1565.00 431024.46 (ii) Unitemized (iii) TOTAL (add 4299.50 642435.96 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 4299.50 642435.96 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 2000.00 Political Committees 17. Other Federal Receipts 31.90 8126.23 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 4331.40 652562.19 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 652562.19

4331.40

(subtract Line 18(c) from Line 19)

23.

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 15413.39 221048.99 Expenditures..... (c) Total Operating Expenditures 15413.39 221048.99 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 0.00 0.00 Committees..... Contributions to Federal Candidates/Committees.....and Other Political Committees..... 12500.00 797300.00 24. Independent Expenditure 0.00 0.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other 0.00 0.00 Than Political Committees 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) (d) Total Contribution Refunds 0.00 0.00 (add Lines 28(a), (b), and (c)) 0.00 0.00 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share 0.00 0.00 (ii) "Levin" Share (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 27913.39 1018348.99 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)

27913.39

1018348.99

from Line 31).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| | III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|-----|-------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| | Total Contributions (other than loans) from Line 11(d), page 3) | 4299.50 | 642435.96 |
| | Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. | Net Contributions (other than loans) (subtract Line 34 from Line 33) | 4299.50 | 642435.96 |
| 36. | Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 15413.39 | 221048.99 |
| | Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| | Net Operating Expenditures (subtract Line 37 from Line 36) | 15413.39 | 221048.99 |

FE6AN026

| | CHEDULE A (FEC Form 3X EMIZED RECEIPTS |) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 6 / 20 (check only one) X 11a 11b 11c 12 13 14 15 16 11 |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| Ar | ny information copied from such Reports and for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Association of Nurse Ane | the name and ad | dress of any political committee t | son for the purpose of soliciting contributions o solicit contributions from such committee. IA-PAC) |
| | Full Name (Last, First, Middle Initial) Elizabeth M Hajny Mailing Address 532 Newell Road | | | Date of Receipt |
| | City Danville | State IL | Zip Code 61832 | Transaction ID: 29131206 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 100.00 |
| | Name of Employer Locum Tenems Receipt For: Primary General Other (specify) ▼ | Occupation CRNA Aggregate | e Year-to-Date ▼ 300.00 | |
| _ | Full Name (Last, First, Middle Initial) Wayne E Ellis Mailing Address 219 Crescent Road | | | Date of Receipt 1 2 1 1 2 0 0 8 |
| | City | Transaction ID: 29131208 | | |
| | Beckley | WV | 25801 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer Trover Foundation Anesthe- sia Program | | Director | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregati | e Year-to-Date ▼ 250.00 | |
| | Full Name (Last, First, Middle Initial) Lawrence R Stump | Date of Receipt | | |
| | Mailing Address 220 Lyndenglen Dr Apt 208 | | | 12 11 2008 |
| | City | State | Zip Code | Transaction ID: 29131209 |
| | Ann Arbor FEC ID number of contributing federal political committee. | C | 48103-6982 | Amount of Each Receipt this Period 25.00 |
| | Name of Employer University of Michigan | Occupation CRNA | on | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 625.00 | |
| s | UBTOTAL of Receipts This Page (optional |) | | 150.00 |

SCHEDULE A (FEC Form 3X)

| SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | for each ca | rate schedule(s) ategory of the summary Page | FOR LINE NUMBER: PAGE 7 / 20 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------------------------------------|-----------------------------------------------------------------------------|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Association of Nurse Anes | | | |
| Full Name (Last, First, Middle Initial) Patti A Hendrix Mailing Address 20432 E Granite Par | ∢ Cir | | Date of Receipt |
| City Eagle River | State Zip Code AK 99577 | 9 | 1 2 1 1 2 0 0 8 Transaction ID: 29131211 |
| FEC ID number of contributing federal political committee. | AK 99577 | U U | Amount of Each Receipt this Period 50.00 |
| Name of Employer Self | Occupation CRNA | | - |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date | 600.00 | |
| Full Name (Last, First, Middle Initial) Dennis Ray Dodd Mailing Address PO Box 571 | | | Date of Receipt |
| City | State Zip Code | | Transaction ID: 29131214 |
| Altus FEC ID number of contributing federal political committee. | OK 73522-0 | 9571 | Amount of Each Receipt this Period 45.00 |
| Name of Employer Self Employed | Occupation CRNA | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date | 540.00 | |
| Full Name (Last, First, Middle Initial) Daniel Greenwald | | | Date of Receipt |
| Mailing Address 11094 2nd Street | | | 12 11 2008 |
| City Mt Vernon | State Zip Code WA 98273 | e | Transaction ID: 29131215 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 50.00 |
| Name of Employer Self Employed | Occupation CRNA | | 1 |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date | 900.00 | |
| SUBTOTAL of Receipts This Page (optional) | | ····· | 145.00 |

SCHEDULE A (FEC Form 3X)

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 8 / 20 (check only one) X 11a |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Association of Nurse Anes | | | |
| Full Name (Last, First, Middle Initial) Kirk A Poenicke Mailing Address 2743 Spielman Heigh City Adrian FEC ID number of contributing federal political committee. | State MI | Zip Code 49221-9276 | Date of Receipt M M M |
| Name of Employer St. Joseph Mercey Ann Arbor, MI Receipt For: Primary General Other (specify) ▼ | Occupation CRNA Aggregate | Year-to-Date ▼ 300.00 | |
| Full Name (Last, First, Middle Initial) John T Hitchens Mailing Address 1715 Farmshire Ct City | ohn T Hitchens Mailing Address 1715 Farmshire Ct | | |
| Jarrettsville FEC ID number of contributing federal political committee. | MD C | 21084-1507 | Transaction ID: 29131218 Amount of Each Receipt this Period 85.00 |
| Name of Employer Watchful Care Receipt For: Primary General Other (specify) ▼ | Occupation CRNA Aggregate | Year-to-Date ▼ 1705.00 | |
| Full Name (Last, First, Middle Initial) Sandi Peters Mailing Address PO Box 729 | | | Date of Receipt |
| City Llano FEC ID number of contributing federal political committee. | State TX | Zip Code 78643-0729 | Transaction ID: 29131219 Amount of Each Receipt this Period 25.00 |
| Name of Employer Hill Country Anesthesia | Occupation CRNA | | |
| Receipt For: Primary General Other (specify) ▼ | - ' | Year-to-Date ▼ 300.00 | |
| SUBTOTAL of Receipts This Page (optional) | | | 210.00 |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | Use separate schedule(s for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 9 / 20 (check only one) X 11a 11b 11c 12 13 14 15 16 11 |
|---------------|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| A | for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may not be sold or used by any e name and address of any political committee thetists Separate Segregated Fund (C | person for the purpose of soliciting contributions ee to solicit contributions from such committee. CRNA-PAC) |
| <u>/_</u> | Full Name (Last, First, Middle Initial) Keith Q Fulton Mailing Address 8885 Patches Cove | | Date of Receipt |
| | City Memphis | State Zip Code TN 38133-3801 | Transaction ID: 29131220 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 17.00 |
| | Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ | Occupation CRNA Aggregate Year-to-Date ▼ 204.00 | |
| | Full Name (Last, First, Middle Initial) Donald A Camillo Mailing Address PO Box 292394 | Date of Receipt 1 2 1 1 2 2 0 0 8 | |
| | City | Transaction ID: 29131222 | |
| | Lewisville | TX 75029 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 25.00 |
| | Name of Employer Self | Occupation CRNA | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 275.00 | |
| _ | Full Name (Last, First, Middle Initial) Jon W Buggs | | Date of Receipt |
| | Mailing Address 1037 N 14th St | | 12 11 2008 |
| | City Manitowoc | State Zip Code WI 54220-3234 | Transaction ID: 29131223 |
| | FEC ID number of contributing federal political committee. | C 54220-3234 | Amount of Each Receipt this Period 25.00 |
| | Name of Employer Holy Family Memorial | Occupation CRNA | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |
| 5 | SUBTOTAL of Receipts This Page (optional) | | 67.00 |

SCHEDULE A (FEC Form 3X)

| Mailing Address 78 North Road City State Zip Code Bedford MA 01730 FEC ID number of contributing federal political committee. Name of Employer Aspect Medical Systems Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Primary MA 01730 Transaction ID: 29131230 Amount of Each Receipt this Period CRNA Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) | П | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | totomonto ma | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 10 / 20 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| A. May Kay Bader Mailing Address 20792 State Route P City State Zip Code State Zip Code State Genevieve MO 63670 FEC ID number of contributing federal political committee. Name of Employer Self Employed City State Zip Code State Zip Code Receipt Tor: Primary General Other (specity) ▼ Transaction ID: 29131228 Amount of Each Receipt this Period CRNA Aggregate Year-to-Date ▼ Pull Name (Last, First, Middle Initial) Linda, Jk Owith Mailing Address 78 North Road City State Zip Code Bedford MA 01730 FEC ID number of contributing federal political committee. Name of Employer Aspect Medical Systems CRNA Receipt For: Primary General Other (specity) ▼ Cupy State Zip Code Aggregate Year-to-Date ▼ 12 11 2008 Transaction ID: 29131230 Amount of Each Receipt this Period CCNA Aggregate Year-to-Date ▼ 125.00 Date of Receipt Transaction ID: 29131231 Amount of Each Receipt Inis Period Full Name (Last, First, Middle Initial) Receipt For: Primary General Other (specity) ▼ State Zip Code CRNA Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 29131231 Anount of Each Receipt this Period Full Name (Last, First, Middle Initial) Robert L Raw/s Mailing Address 17 S Arcadian Oaks Dr City State Zip Code CRNA Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 29131231 Anount of Each Receipt this Period FEC ID number of contributing federal political committee. Cocupation SNRA Receipt For: Primary General Other (specity) ▼ Occupation SNRA Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 100.00 | S S | for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | name and ad | dress of any political committee to | o solicit contributions from such committee. |
| Primary | A. | Mary Kay Bader Mailing Address 20792 State Route P City Ste Genevieve FEC ID number of contributing federal political committee. | MO C Occupation | 63670 | Transaction ID: 29131228 Amount of Each Receipt this Period |
| B. Linda J Kovitch Mailing Address 78 North Road City State Zip Code Bedford MA 01730 FEC ID number of contributing federal political committee. Name of Employer Aspect Medical Systems CITY State Zip Code MA 01730 Amount of Each Receipt this Period CRNA Receipt For: Primary General Other (specify) ▼ 250.00 CITY State Zip Code CRNA Aggregate Year-to-Date ▼ Date of Receipt Date of Receipt Date of Receipt Transaction ID: 29131230 Amount of Each Receipt this Period Date of Receipt Date of Receipt Transaction ID: 29131231 Date of Receipt Date of Receipt Date of Receipt Transaction ID: 29131231 Amount of Each Receipt this Period Date of Receipt Transaction ID: 29131231 Amount of Each Receipt this Period Transaction ID: 29131231 Amount of Each Receipt this Period Transaction ID: 29131231 Amount of Each Receipt this Period Transaction ID: 29131231 Amount of Each Receipt This Period Transaction ID: 29131231 Amount of Each Receipt This Period Transaction ID: 29131231 Amount of Each Receipt This Period Transaction ID: 29131231 Amount of Each Receipt This Period Transaction ID: 29131231 Amount of Each Receipt This Period Transaction ID: 29131231 Amount of Each Receipt This Period Transaction ID: 29131231 Amount of Each Receipt This Period Transaction ID: 29131231 Amount of Each Receipt This Period Transaction ID: 29131231 Amount of Each Receipt This Period Transaction ID: 29131231 Amount of Each Receipt This Period | | Primary General | Aggregate | | |
| Bedford MA 01730 FEC ID number of contributing federal political committee. Name of Employer Aspect Medical Systems Receipt For: Primary General Other (specify) ▼ C. City State Zip Code Edmond OK 73034-7740 FEC ID number of contributing federal political committee. C. Name of Employer Aspect Medical Systems Receipt For: Occupation CRNA Aggregate Year-to-Date ▼ 125.00 Date of Receipt M M 1 2 0 8 2 0 0 8 Transaction ID: 29131231 Amount of Each Receipt this Period Date of Receipt M M 1 2 0 8 2 0 0 8 Transaction ID: 29131231 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Student Name of Employer Student Occupation SNRA Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ | В. | Linda J Kovitch | M M / D D / Y Y Y | | |
| Aspect Medical Systems Receipt For: | | Bedford FEC ID number of contributing | MA | • | Amount of Each Receipt this Period |
| Mailing Address 17 S Arcadian Oaks Dr City State Zip Code Transaction ID: 29131231 Edmond OK 73034-7740 FEC ID number of contributing federal political committee. Name of Employer Student SNRA Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 675.00 | | Aspect Medical Systems Receipt For: Primary General | CRNA | e Year-to-Date ▼ | |
| City Edmond OK 73034-7740 FEC ID number of contributing federal political committee. Name of Employer Student Receipt For: Primary Other (specify) ▼ State Zip Code OK 73034-7740 Amount of Each Receipt this Period 100.00 100.00 | С. | Robert L Rawls | r | | M M / D D / Y Y Y Y |
| Name of Employer Student Cocupation SNRA Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 675.00 | | Edmond FEC ID number of contributing | OK | • | Amount of Each Receipt this Period |
| Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 675.00 | | | | on | |
| SUBTOTAL of Receipts This Page (optional) | | Primary General | | | |
| | [| SUBTOTAL of Receipts This Page (optional) | | | 425.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 11 / 20 (check only one) X |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Association of Nurse Anest | e name and add | dress of any political committee to | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Scott K Shaffer Mailing Address 10940 County Rd 240 |) | | Date of Receipt |
| City Salida FEC ID number of contributing | State CO | Zip Code 81201-9222 | 1 2 1 1 2 0 0 8 Transaction ID: 29131232 Amount of Each Receipt this Period |
| federal political committee. Name of Employer Self Receipt For: | Occupatio CRNA Aggregate | n e Year-to-Date ▼ | 200.00 |
| Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) | | 400.00 |] |
| Sean J Hintz Mailing Address 1301 Bay Ridge Drive | Date of Receipt 1 2 0 1 2 0 0 8 | | |
| City | State | Zip Code | Transaction ID: 29131235 |
| Benton FEC ID number of contributing federal political committee. | C | 71006-3483 | Amount of Each Receipt this Period 250.00 |
| Name of Employer Desoto Regional Health System Receipt For: Primary General Other (specify) ▼ | Occupatio CRNA Aggregate | e Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) Denise Rote-Hintz | | | Date of Receipt |
| Mailing Address 1301 Bay Ridge Drive | 12 01 2008 | | |
| City | State | Zip Code | Transaction ID: 29131236 |
| Benton FEC ID number of contributing federal political committee. | C | 71006 | Amount of Each Receipt this Period 250.00 |
| Name of Employer Requested | Occupatio CRNA | n | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 650.00 | |
| SUBTOTAL of Receipts This Page (optional) . | | | 700.00 |

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 12 / 20 (check only one) X 11a |
|----------|---------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| 0 | ny information copied from such Reports and r for commercial purposes, other than using the | Statements may no e name and addres | ot be sold or used by any pers ss of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) American Association of Nurse Anest | hetists Separate | e Segregated Fund (CRN | A-PAC) |
| ۸. | Full Name (Last, First, Middle Initial) Danette J Plautz | | | Date of Receipt |
| | Mailing Address 9020 Pettit Drive | | | 12 01 2008 |
| | City Highland | State IN | Zip Code 46322 | Transaction ID: 29131238 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 20.00 |
| | Name of Employer Great Lakes Anesthesia | Occupation CRNA | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Ye | ear-to-Date ▼ 610.00 | |
| 3. | Full Name (Last, First, Middle Initial) Ellen L Suelflow | Date of Receipt | | |
| | Mailing Address N66W4905 Cedar Re | 12 11 2008 | | |
| | City Cedarburg | State WI | Zip Code 53012-3509 | Transaction ID: 29131241 |
| | FEC ID number of contributing federal political committee. | C | 33012-3309 | Amount of Each Receipt this Period |
| | Name of Employer UNC Hospitals, Chapel Hil- I. NC | Occupation Nurse Anes | thetists | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Ye | ear-to-Date ▼ 600.00 | |
| <u> </u> | Full Name (Last, First, Middle Initial) Ron S Seligman | | | Date of Receipt |
| | Mailing Address 222 Cheshire Rd | | | 12 11 2008 |
| | City | State | Zip Code | Transaction ID: 29131243 |
| | Severna Park FEC ID number of contributing federal political committee. | C | 21146-3215 | Amount of Each Receipt this Period 100.00 |
| | Name of Employer Comfortably Numb Anesthes- ia | Occupation CRNA | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Ye | ear-to-Date ▼ 600.00 | |
| Г | | 1 | | 220.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | ζ) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 13/20 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Any information copied from such Reports ar or for commercial purposes, other than using | nd Statements may the name and add | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions oscilcit contributions from such committee. |
| NAME OF COMMITTEE (In Full) American Association of Nurse And | | | |
| Full Name (Last, First, Middle Initial) Peter W Cross | | | Date of Receipt |
| Mailing Address 1126 S Federal Hw | y #149 | | M M / D D / Y Y Y Y 1 1 2 1 6 2 0 0 8 |
| City Fort Lauderdale | State FL | Zip Code 33316 | Transaction ID: 29131245 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 100.00 |
| Name of Employer Self | Occupation CRNA | n | |
| Receipt For: Primary General Other (specify) ▼ | - | Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) Mark J Haffey | Date of Receipt | | |
| Mailing Address 1411 Leeds Dr | 12 11 YYYYY 12 11 2008 | | |
| City Franklin | State TN | Zip Code 37067-8653 | Transaction ID: 29131247 |
| FEC ID number of contributing federal political committee. | C | 37007-8033 | Amount of Each Receipt this Period 20.00 |
| Name of Employer Vanderbilt University Med- ical Center | Occupation CRNA | n | |
| Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 260.00 | |
| Full Name (Last, First, Middle Initial) Georgene A Bosaw | | | Date of Receipt |
| Mailing Address 12205 Roger Lane | | | 1 2 1 1 2 2 0 0 8 |
| City Des Peres | State MO | Zip Code 63131 | Transaction ID: 29131249 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 00101 | 312.50 |
| Name of Employer Western Anesthesiology As- sociates, Inc | Occupation CRNA | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1362.50 | |
| | I J)(l | | 432.50 |

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Receipt For:

Primary

Other (specify)

General

SCHEDULE A (FEC Form 3X)

PAGE 14/20 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC) Full Name (Last, First, Middle Initial) Farley David Hambright Date of Receipt Mailing Address 5630 New Harvest Dr 12 02 2008 Zip Code City State Transaction ID: 29131255 Montgomery Αl 36116-6533 Amount of Each Receipt this Period FEC ID number of contributing 360.00 C federal political committee. Name of Employer requested Occupation **CRNA** Receipt For: Aggregate Year-to-Date General Primary 360.00 Other (specify) Full Name (Last, First, Middle Initial) John Pozar Date of Receipt Mailing Address 3336 N Lakeharbor Ln Apt 302 11 2008 City State Zip Code Transaction ID: 29131258 Boise ID 83703-0116 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Name of Employer Unemployed (currently stu-Occupation Registered Nurse dent)

Aggregate Year-to-Date ▼

275.00

| SUBTOTAL of Receipts This Page (optional) | • | 385.00 |
|-----------------------------------------------------|----------|---------|
| TOTAL This Period (last page this line number only) | • | 2734.50 |

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| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 15 / 20 (check only one) 11a 11b 11c 12 13 14 15 16 17 |
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| Any information copied from such Reports and S or for commercial purposes, other than using the | Statements may not be sold or used by any perso e name and address of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) American Association of Nurse Anestl | hetists Separate Segregated Fund (CRNA | A-PAC) |
| Full Name (Last, First, Middle Initial) DWS Scudder Mailing Address 811 Main Street | | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID: 29131288 |
| Kansas City | MO 64105-2005 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 31.90 |
| Name of Employer | Occupation | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 425.85 | Bank interest |

| SUBTOTAL of Receipts This Page (optional) | • | 31.90 |
|-----------------------------------------------------|----------|-------|
| TOTAL This Period (last page this line number only) | <u> </u> | 31.90 |

SCHEDULE B (FEC Form 3X)

| | | Use separate schedule | | (cl | heck only | v one) | | | | | | |) |
|---------------|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------|-------|-----------|-----------|--------|-----------|-----------------|-----------|--------|----------|------|
| ITE _ | EMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | | | 21b 27 | 22 28a | Х | 23 28b | $\mathbf{\Box}$ | 24 28c | _ | 25 29 | |
| | Information copied from such Reports and or commercial purposes, other than using the commercial purposes. | | | | | | | | | | | | |
| $\overline{}$ | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | |
| | American Association of Nurse Anes | thetists Separate Segregate | d Fun | nd (0 | CRNA-F | PAC) | | | | | | | |
| | Full Name (Last, First, Middle Initial) | | | | | Trans | | - | | | 49 | | |
| | Carmouche For Congress Inc | | | | | | M D | isburs | emen | t / | Ý | ŏ8 | Y |
| | Mailing Address 912 Kings Highwa | 1 | | | | | | | | | | | |
| | City Shreveport | State Zip Code LA 71104 | | | | Amou | int o | f Each | Disb | ursen | nent t | his Pe | erio |
| | Purpose of Disbursement Candidate Contribution | | Тг | 0.1 | , | | | _ | | | 250 | 0.00 | _ |
| | Candidate Name | | L | | gory/ | | | | | | | | |
| | Mr. Paul Carmouche Office Sought: X House D Senate President | isbursement For: 2008 Primary X General | _ <u> </u> | Тур | oe | Candi | idat | e Cor | ntribu | ıtion | | | |
| | State: LA District: 04 | Other (specify) | | | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) Friends of John Thune | | | | | Trans | | on ID | _ | | 86 | | |
| | Mailing Address 2555 Pennsylvania | Avenue #908 | | | | | M | / D |) ^D | / Y | ž 0 | 8 0 | Y |
| | City State Zip Code | | | | | | nt o | f Each | Diah | uroon | ont t | hio De | |
| | Washington | DC 20037 | | | | AIIIou | iiil O | Laci | ו טופט | ursen | | | #11O |
| | Purpose of Disbursement candidate contribution | | | | | 011 | | | 400 | 0.00 | _ | | |
| | Candidate Name John R. Thune | | C | _ | gory/ | | | | | | | | |
| | Office Sought: House D X Senate President State: SD District: | isbursement For: 2010 X Primary Genera Other (specify) ▼ | J | | | candi | date | e con | tribut | ion | | | |
| | Full Name (Last, First, Middle Initial) | | | | | Trans | acti | on ID: | : 29 | 0336 | 888 | | |
| | Friends of John Thune | | | | | Date of | of Di | isburs | emen | t / Y | Y | γ , | Y |
| | Mailing Address 2555 Pennsylvania | Avenue #908 | | | | 1 2 | | | 4 | L | 20 | ŏ8 | |
| | City Washington | State Zip Code DC 20037 | | | | Amou | int o | f Each | Disb | ursen | nent t | his Pe | erio |
| | Purpose of Disbursement candidate contribution Candidate Name John R. Thune | | | | 1 | L. | | | | | 100 | 0.00 | |
| | | | | | gory/ | | | | | | | | |
| | | isbursement For: 2010 Primary X Genera Other (specify) ▼ | _ | Тур | | candi | date | e con | tribut | ion | | | |
| | State: SD District: | | | | | | | | | | | | |
| _ | | | | | | | | | | | | | |

| ΙΤ | CHEDULE B (FEC Form : EMIZED DISBURSEMEN | TS Use sep for each Detailed | parate schedule(s) n category of the d Summary Page | (check onl | 22 X 23 24 25 26 28a 28b 28c 29 30b | | | | |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------|--------------------------|-----------------------------------------------------------------|--|--|--|--|
| | Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee | | | | | | | | |
| \rangle | NAME OF COMMITTEE (In Full) American Association of Nurse A | nesthetists Separa | ate Segregated F | Fund (CRNA- | PAC) | | | | |
| | Full Name (Last, First, Middle Initial) Bright For Congress.Com Mailing Address P.O.Box 2106 | | | | Transaction ID: 29033689 Date of Disbursement 12 0 4 2 0 0 8 | | | | |
| | City Montgomery Purpose of Disbursement Candidate Contribution for the General Candidate Name Mr. Bobby Bright | State AL | Zip Code 36102 | 011 Category/ Type | Amount of Each Disbursement this Period 5000.00 | | | | |
| | Office Sought: X House Senate President State: AL District: 02 | Disbursement For: Primary X Other (sp | General pecify) | . ,,,,, | Candidate Contribution for the General | | | | |

| SUBTOTAL of Disbursements This Page (optional) | • | 5000.00 |
|-----------------------------------------------------|----------|----------|
| TOTAL This Period (last page this line number only) | <u> </u> | 12500.00 |

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| SCHEDULE B (FEC Form 3X) | Use separate schedule(s) | | FOR LIN | IE NUMBER: | PAGE 18 / 20 | | | |
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| ITEMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | | X 21b 27 | 22 23 28a 28 | | | | |
| Any Information copied from such Reports and Statem or for commercial purposes, other than using the name | | | | | | | | |
| NAME OF COMMITTEE (In Full) | | | | | | | | |
| American Association of Nurse Anesthetist | s Separate Segregated | Fund | I (CRNA | -PAC) | | | | |
| Full Name (Last, First, Middle Initial) Wiley, Rein | | | | Transaction Date of Disb | ID: 29046627 | | | |
| Mailing Address 1776 K Street, NW | | | | 1 2 M | D 1 0 Y 2 0 0 8 | | | |
| | State Zip Code | | | Amount of Ea | ach Disbursement this Period | | | |
| | DC 20006 | | | | 15000.60 | | | |
| Purpose of Disbursement Periodic Legal Counsel for CRNA-PAC | | | 001 | | 10000.00 | | | |
| Candidate Name | | Ca | tegory/ Type | | | | | |
| Senate President | ement For: Primary General Other (specify) | | | Periodic Lec CRNA-PAC | gal Counsel for | | | |
| State: District: Full Name (Last, First, Middle Initial) | | | | | | | | |
| JP Morgan Chase Bank | | | | Date of Disb | | | | |
| Mailing Address 33 North LaSalle St. | | | | 12 | 0 1 | | | |
| , | State Zip Code IL 60690 | | | Amount of Ea | ach Disbursement this Period | | | |
| Purpose of Disbursement Credit Card fees | | | 001 | | 358.09 | | | |
| Candidate Name | | Ca | tegory/ Type | | | | | |
| Senate President | ement For: Primary General Other (specify) | | | Credit Card | fees | | | |
| State: District: | | | | | | | | |
| Full Name (Last, First, Middle Initial) Edonations | | | | Date of Disb | | | | |
| Mailing Address 118 North Saint Asaph S | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | | | | | | |
| | State Zip Code VA 22314 | | | Amount of Ea | ach Disbursement this Period | | | |
| Purpose of Disbursement | | 45.70 | | | | | | |
| fees for website for AANA members to make dona | tions to CRNA-PAC | | | | | | | |
| Candidate Name | | | tegory/ Гуре | | | | | |
| Office Sought: House Disburse Senate President | ement For: Primary | | | | osite for AANA make donations AC | | | |
| State: District: | · · · · · · · · | | | | | | | |
| SUBTOTAL of Disbursements This Page (optional) | | <u></u> | • | | 15404.39 | | | |

TOTAL This Period (last page this line number only)

| | CHEDULE B (FEC Form 3X) EMIZED DISBURSEMENTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE (check only X 21b 27 | NUMBER: PAGE 19 / 20 yone) 22 23 24 25 26 28 28 28 29 30b | | | | | |
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| \rangle | NAME OF COMMITTEE (In Full) American Association of Nurse Anesth | etists Separate Segregated Fu | nd (CRNA-I | PAC) | | | | | |
| | Full Name (Last, First, Middle Initial) Edonations Mailing Address 118 North Saint Asap | h Street, | | Transaction ID: 29131287 Date of Disbursement 12 | | | | | |
| | City Alexandria Purpose of Disbursement fees for website for AANA members to make of Candidate Name | | 001 Category/ | Amount of Each Disbursement this Period 9.00 | | | | | |
| | Office Sought: House Senate President State: District: | ursement For: Primary General Other (specify) | Туре | fees for website for AANA members to make donations to CRNA-PAC | | | | | |

| SUBTOTAL of Disbursements This Page (optional) | • | 9.00 |
|-----------------------------------------------------|----------|----------|
| TOTAL This Period (last page this line number only) | | 15413.39 |

Image# 28994351248 Please note that our last FEC report filed (30 day post election from November 4) provided transactions through November 24, 2008. Therefore, to not duplicate transactions, this report begins on November 25, 2008. Form/Schedule: F3XN Transaction ID: